prosperity connection®

St. Louis Community Credit Union Member
Affinity Program Donation Authorization Form

Member Name: _____ Account #: _____

Donation Amount:	**Frequency:**	**Day of The Month**	**Withdraw From My**
☐ $20.00	☐ Monthly	☐ 1st	☐ Savings
☐ $10.00	☐ Weekly	☐ 15th	☐ Checking
☐ $5.00			
☐ Other: $_____			

With my signature below, I authorize St. Louis Community Credit Union to automatically transfer funds from my account, as indicated above, to Prosperity Connection. This authorization will remain in effect until I cancel my donation in writing.

Signature: _____ Date: _____

**Please bring to any St. Louis Community Credit Union branch or
mail completed form to:
Prosperity Connection
Attn: Torrey
3651 Forest Park Ave.
St. Louis, MO 63108**